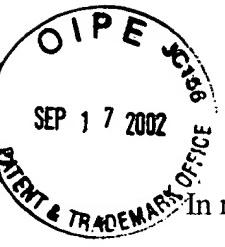


PHLY-24,740

#10B  
S. Sand  
PATENT  
9/20/02



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jeffry Jovan Philyaw and David Kent Mathews

Serial No.: 09/382,421

Filed: August 24, 1999

Group: 2152

Examiner: Luu

For: A COMBINED PRODUCT CODE AND INSIGNIA FOR SIGNIFYING AN INTERNAL INTERACTIVE CODE

Assistant Commissioner for Patents  
Washington, D. C. 20231

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9/11/02

(Date of Signature)

**AMENDMENT AND RESPONSE TO OFFICE ACTION**

This communication is responsive to the Examiner's Office Action mailed March 12, 2002.

**In the Claims**

Please amend Claim 1 as rewritten below in clean form. Another version of the rewritten claim is attached hereto on a paper separate from the amendment labeled "Version With Markings To Show Changes Made," marked up to show all the changes relative to the previous version of the claim being amended.

**AMENDMENT AND RESPONSE**

S/N 09/382,421

Atty. Dkt. No. PHLY-24,740



Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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2152

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 09/382,421

Filing Date 8/24/99

First Named Inventor Philyaw

Group Art Unit 2152

Examiner Name Luu

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Total Number of Pages in This Submission 7

Attorney Docket Number PHLY-24,740

Technology Center 2100

### ENCLOSURES (check all that apply)

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<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	<input type="checkbox"/>

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	HOWISON, THOMAS & ARNOTT, L.L.P.
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